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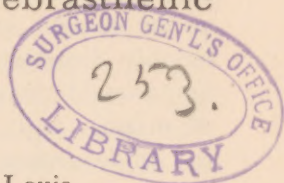
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Note on a Form of Post-Neuralgic Encephalotropic or Cerebrasthenic Insanity.



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DURING the year 1884 there came under the writer's personal observation two cases of this character, possessing features of such interest and instruction as to entitle them to be placed on record. Cases of this kind have heretofore occurred in the writer's experience, but he has not viewed them in the same light as now, or differentiated them from those not infrequent forms of mental aberration which are seen concomitantly with that general neurasthenia which reveals itself in synchronous neuralgia and insanity; the general break down of the brain and certain nerve centers being simultaneous phenomena; the organic cause of the insanity being also the cause of the neuralgia, especially when the neuralgia is the active manifestation of a latent hereditary family neurosis, which has previously appeared in similar or allied neuropathic forms. Neither Anstie, nor any other authority, has recorded these cases. They add another confirmatory fact, to the point so often insisted upon by practical and distinguished alienists, that insanity itself is quite as often a symptomatic expression of cerebral exhaustion as of overstimulation, of general cerebral anæmia as of cerebral hyperæmia.

In the cases we here record, the cure of the

precedent neuralgia in one case and the marked amelioration of the symptoms in the other, seem to have furnished the exciting cause precipitating the mental sequence; and in this regard they appear unique in the records of psychiatry, though, probably, more apparently than really so, since such an exciting cause of insanity, as the sudden cessation of an influence so realistic and forcibly diverting to the mind, as neuralgic pain, is not unreasonable from what we know, clinically, of the nature of insanity and its prodromal conditions; the tendency to self-introversion, so universal in the beginning of mental derangement, being constantly interfered with by the oft recurring pain and the repeatedly induced vascular cerebral excitations, especially when the neural pain implicates the seventh pair of nerves, as it did in one of our cases in the characteristic convulsive *tic doulereaux*, serving to postpone and, for the time, to prevent that degree of failure of cerebral cell nutrition and consequent exhaustion which makes mental derangement a possibility when no organic brain degeneration exists. In very many cases of prolonged neuralgia, mental derangement, as a sequel, is doubtless usually averted by the prolonged and recuperating sleep which follows cessation of the overtaxing seige and anodynes employed for the relief of the neuralgia, but it is possible for the molecular arrangements of the brain to have become so disturbed by the prolonged neuralgic seige or the conditions which have caused the neuralgia, as to make insomnia, for a time, a resistless feature, when its often inseparable ally, insanity, follows.

On the 3rd of June, 1884, there came under treatment from Illinois, a married lady, aged about forty, suffering with trifacial neuralgia of nine years' duration. She had been under gynecological treatment most of this time in St. Louis, New York and Philadelphia, upon the erroneous hypothesis that the trouble was a reflected uterine irritation. A vaginal examination, made with her family physician, revealed no uterine lesion. She had previously

had some slight uterine catarrh, some insignificant flexion and some abrasion of the uterine neck, but all had disappeared at the time when she came under the writer's observation, and she had probably never had more local trouble than might have reasonably coëxisted with the relaxed and exhausted state of her general health, from the combined causes of pain and the neural mal-nutrition, which had caused the persistent and resistant neuralgia.

Her husband told me that the repeated local treatments and examinations, to which she had been subjected, had been a severe moral and mental shock to her, and under the treatments she had grown steadily worse.

All branches of the seventh pair were implicated, and the convulsive paroxysms of pain would recur incessantly at the time we first saw her, causing now a flow of tears, and now a watery nasal discharge, passing from thence, as the galvanic current would cause its cessation there, to the supraorbital, thence to the infraorbital, thence to the posterior auricular and other capital branches. After being thus driven from one *puncta dolorosa* to another by galvanism, local etherizations, etc., and internal treatment daily, from the third of June to the last of July, the pain finally almost ceased to recur. Thirty days before this the opiates, to which she had become habituated, had all been withdrawn.

Between the first and the seventh of August symptoms of intellectual aberration, like those of acute delirious mania, set in and continued for some six weeks, but under a persistent plan of iron and arsenic, galvanism, and the chloral hydrate, when required at night, she recovered her mental equilibrium with the return of her physical strength, which had become much impaired. The neuralgia recurred in milder form at times, but was easily controlled by galvanism, in the hands of her home physicians, to whose care she had been re-committed.

On December 27th and 29th, Captain ———, received office treatment for hyperæmic vertigo. The next record of his treatment began January 2nd, 1883, and continued

almost daily to February 28th, and at longer intervals to March 31st, when he was discharged apparently well.

During his illness, incidental troubles of other organs appeared, chiefly in weakening of the renal and hepatic functions. His bowels showed obstinate inclination to constipation and he became quite jaundiced in appearance.

Hard and active service in the Federal Navy, during the late American war, entailed a tendency to jaundice and to other malarial sequellæ. He had "chills and fever" for six months while serving on the Yazoo river, some of them of severely congestive type, which laid the the foundation for his subsequent head trouble in paralysis of the cerebral vaso-motor system.

He is a man of large means and active and numerous business engagements, and on his recovery resumed business and continued it without much medical discretion. He came again under treatment in April and so continued, almost uninterruptedly "attending only to necessary business," through May and June, with an interval of comparative freedom from trouble during July, August and September, with a return to active treatment in September and October, a respite in November and December, 1883, and January, February and March, 1884, having seen me but twelve times during this interval.

In May he returned with no head symptoms, but a jaundiced skin and a malarial complication. These were promptly overcome by a calomel purge and ten-grain doses of quinine, *ter die*, but an intense left sciatica of non-periodic, though of characteristic neuralgic paroxysmal form, appeared.

The whole of the great sciatic with its branches were implicated, but the most excruciating and often recurring pain was at the point of emergence of the nerve from the cavity of the pelvis. The malaria was only a solitary factor in the development of this trouble, and was eliminated by the vigorous employment of adequate anti-malarial treatment kept up for ten days, after evidences of malarial trouble had disappeared.

The real determining cause was anxiety and broken rest, superadded to business demands on account of long continued illness in the gentleman's family, and the exciting or local determining cause was a lumbo-sacral strain and bruise caused by lifting and carrying the wife, after her convalescence. In partial confirmation of which may be mentioned the fact that an extensive sacral abscess was soon discovered, which extended to the sacrosciatic foramen.

The prompt lancing and evacuation of this abscess gave no relief to the neuralgia however. Its relief was finally accomplished, after four weeks, mainly by twice or thrice daily repeated and prolonged galvanizations, with a strong thirty-six cell descending galvanic current.

But with the relief came not cerebral rest, but restless insomnia and psychical agitation, resistive to galvanism, ether lotions and hypnotics. Treatment of this kind curtailed and modified, but did not, for any lengthened period of time, diminish the inordinate and irregular cerebral excitement. The usual course of those cases of exhaustive acute delirious mania, which are destined to recover, was run by this case (with daily intervals of chemically induced cerebral rest), for five weeks, convalescence being complete by the end of the seventh.

The condition of this patient at the time the psychical symptoms appeared was one of *neuratrophic* or *neurasthenic* typhoid, the family physician, a discriminating practitioner of large experience and good judgment, was at this stage associated with me in the management of the case, recognizing the typhoid character of the prostration; but there was an absence of the blood contamination evidences, intestinal complications, and temperature peculiarities, of true typhoid. The case is another clinical confirmation of what the writer has termed, and he thinks with good evidence and reason, *neuratrophic* typhoid, in contradistinction from the *neuratrophia* and consequent *neurasthenia* of true typhoid fever, the latter being a signal of blood empoisonment, the former being a primary condition of the nervous

system due to neural mal-assimilation and mal-nutrition.

As the purpose of this paper is only to record the clinical fact that psychical aberration may succeed to recovered neuralgia successfully managed, without even the excessive use of narcotics to give a basis for another conclusion, a fact not hitherto clinically recognized, this record may, with propriety, end here.
